## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
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indicated unless corrected maintenance fee notificatio	below or directed otherwise	n Block 1, by (a	i) specifying a new	correspondence addres	s; and/or (b) indicating a ser	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
27964 7.	590 05/02/2006			nave its own certifica	te of mailing or transmission.		
HITT GAINES I P.O. BOX 832570 RICHARDSON, T		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
ŕ					th Schumacher		
				16.7	aboth Llu	(Signature)	
			S. C. Constant		legist 12	DOC (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/059,700	10/059,700 01/28/2002		Clinton S. Hartmann		RFSC-0002	5942	
TITLE OF INVENTION: N	METHOD OF MANUFACTUI	RING PIEZOELE	ECTRIC WAFERS	OF SAW IDENTIFICAT	TION TAGS		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	08/02/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
KIM, PAUL D		3729		029-730000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indica	22) attached. tion (or "Fee Address" Indicat or more recent) attached. Use	on form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON T	HE PATENT (prin	t or type)		The state of the s	
PLEASE NOTE: Unless	s an assignee is identified belon 37 CFR 3.11. Completion of	ow, no assignee of this form is NOT	data will appear or	the patent. If an assign	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
RF Saw Co	omponents, Inc	•	Richards	son, TX			
Please check the appropriate	e assignee category or categori	es (will not be pri		•	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s)				
Issue Fee		A check in the amount of the fee(s) is enclosed.					
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.						
☐ Advance Order - # o	f Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	(from status indicated above) MALL ENTITY status. See 37	CFR 1.27.	☐ b. Applicant is	no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P Interest as shown by the rec	is requested to apply the Issue Jublication Fee (if required) wi Odds of the United States-Paten	Fee and Publicat I not be accepted t and Trademark	ion Fee (if any) or t from anyone other Office.	o re-apply any previous than the applicant; a reg	ly paid issue fee to the applica istered attorney or agent; or th	ation identified above, ne assignee or other party in	
Authorized Signature Thum S. Hais			Date august 1, 2006				
Typed or printed name _	Vimmy L. He	isz	Registration No. 38,914				
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